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Bib Data Sheet

CONFIRMATION NO. 5874

SERIAL NUMBER 09/692,554	FILING DATE 10/19/2000 RULE	CLASS 709	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. 36789/CAG/B600
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APPLICANTS

Wilf LeBlanc, Vancouver, CANADA;
Shawn Stevenson, Surrey, CANADA;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/522,185 03/09/2000
WHICH IS A CIP OF 09/454,219 12/09/1999
WHICH CLAIMS BENEFIT OF 60/154,903 09/20/1999
AND CLAIMS BENEFIT OF 60/156,266 09/27/1999
AND CLAIMS BENEFIT OF 60/157,470 10/01/1999
AND CLAIMS BENEFIT OF 60/160,124 10/18/1999
AND CLAIMS BENEFIT OF 60/161,152 10/22/1999
AND CLAIMS BENEFIT OF 60/162,315 10/28/1999
AND CLAIMS BENEFIT OF 60/163,169 11/02/1999
AND CLAIMS BENEFIT OF 60/163,170 11/02/1999
AND CLAIMS BENEFIT OF 60/163,600 11/04/1999
AND CLAIMS BENEFIT OF 60/164,379 11/09/1999
AND CLAIMS BENEFIT OF 60/164,690 11/10/1999
AND CLAIMS BENEFIT OF 60/164,689 11/10/1999
AND CLAIMS BENEFIT OF 60/166,289 11/18/1999
AND CLAIMS BENEFIT OF 60/171,203 12/15/1999
AND CLAIMS BENEFIT OF 60/171,180 12/16/1999
AND CLAIMS BENEFIT OF 60/171,169 12/16/1999
AND CLAIMS BENEFIT OF 60/171,184 12/16/1999
AND CLAIMS BENEFIT OF 60/178,258 01/25/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 34	TOTAL CLAIMS 72	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Signature]</i> Initials			

ADDRESS

CHRISTIE, PARKER & HALE, LLP
P.O. BOX 7068
PASADENA, CA 91109-7068

TITLE

Voice and data exchange over a packet based network with DTMF

☐ 1.16 Fees (Filing)

FILING FEE RECEIVED 2336	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div data-bbox="1015 184 1446 262"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div data-bbox="1015 262 1446 319"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div data-bbox="1015 319 1446 375"> <input type="checkbox"/> Other _____ </div> <div data-bbox="1015 375 1446 432"> <input type="checkbox"/> Credit </div>
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